

ATTACHMENT

Wisconsin Medicaid Fee Schedule for Case Management Services

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Financing (DHCF).
Reimbursement (federal share)	The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst
Division of Health Care Financing
Case Management Services
PO Box 309
Madison WI 53701-0309

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Procedure Code	Description	Contracted Rate	Reimbursement (Federal Share) Paid 7/1/04 Through 9/30/04	Reimbursement (Federal Share) Paid on and After 10/1/04
T1017 with modifiers "U1"- "U4"	Targeted case management, each 15 minutes	\$10.82	\$6.32	\$6.31
W7051*	Assessment	\$43.27	\$25.28	
W7061*	Case planning	\$43.27	\$25.28	
W7062*	Institutional discharge planning	\$43.27	\$25.28	
W7071*	Ongoing monitoring and service coordination	\$43.27	\$25.28	

*These codes are allowable for services provided prior to October 1, 2003, only.